

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/21/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR CARE ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>510 BANNER AVENUE GREENSBORO, NC 27401</b>		
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{C 000}	Initial Comments  Report of a Follow Up Survey by Billy S. Bryant conducted on 07/21/2016.  Deficiencies noted during the Biennial Survey on 05/07/2016 remain to be corrected.	{C 000}		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing for corridor doors that are not 1 3/4 inches thick and solid core construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on May 17, 2016: a. Bedroom 1 - the corridor door was 1 3/8 inch thick and of hollow construction.	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1  b. Bedroom 2 - the corridor door was 1 3/8 inch thick and of hollow construction. c. Bedroom 3 - the corridor door was 1 3/8 inch thick and of hollow construction. d. Bedroom 4 - the corridor door was 1 3/8 inch thick and of hollow construction. e. Bedroom 50 - the corridor door was 1 3/8 inch thick and of hollow construction.	C 101		
{C 111}	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on record review, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s). This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on May 17, 2016: a. NFPA 72 "National Fire Alarm and Signaling Code" requires annual Inspection, Testing, and Maintenance of your Fire Alarm Systems. The last annual inspection was performed in September 23, 2014.	{C 111}		
{C 148}	Corridors-Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	{C 148}		

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{C 148}	Continued From page 2  (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on May 17, 2016: b. Back Ramp - there was no handrail on both sides of the ramp.	{C 148}		
{C 153}	Exit Door Locks-Single Hand Motion  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not proving single hand motion door hardware at exits. This would affect all residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on May 17, 2016:	{C 153}		

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{C 153}	Continued From page 3  a. Exit 1 - the exit door's doorknob was not a single-hand-motion device. b. Exit 7 - the exit door have a dead bolt with inside thumb turn release in addition to a lockset door handle requiring multiple hand motions to operate the door.	{C 153}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on May 17, 2016: a. Corridor near Bedroom 7 - the ceiling tiles were stained. b. Foyer near Administrator's Office - the carpet was stained. c. Corridor near Bedroom 10 - the ceiling was stained. e. Bedroom 57 - the ceiling tiles were stained.	{C 164}		
{C 166}	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	{C 166}		

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{C 166}	Continued From page 4  (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment free of hazards. This could affect all residents, staff and visitors, if equipment in disrepair injured someone. Findings on May 17, 2016: b. Bedroom 28 - The baseboard heater is missing.	{C 166}		
{C 174}	Bedroom Furnishings-Table, Mirror, Chairs  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observations, the facility failed to	{C 174}		

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{C 174}	Continued From page 5  maintain the furnishings in good repair and clean for each residents. Findings on May 17, 2016: a. Bedroom 11 - this double occupancy room had no comfortable chairs b. Bedroom 30 - the dresser was missing knobs. c. Bedroom 30 - the nightstand was missing all knobs.	{C 174}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on May 17, 2016: b. Linen Closet in Little House Living Room - there was no detection in this room. c. Linen Closet in West Wing - the fire alarm system's heat smoke detector was dangling from the ceiling by its power/operational wires.  New Finding on 07/21/2106: a. smoke dectetdor had been installed in the room but the detector's mounting base was not	{C 189}		

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{C 189}	Continued From page 6  installed, therefore; the detector was not secured to the ceiling.  2. Based on observation, the Building was not maintained in a safe and operating condition. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on May 17, 2016: a. Cross-corridor door near Bedroom 8 - when this door closed, the Exit has no sign directing you to egress through the door. b. Cross-corridor door near Bedroom 14 - when this door closed, the Exit has no sign directing you to egress through the door. c. Cross-corridor door near Bedroom 43 - when this door closed, the Exit has no sign directing you to egress through the door.  3. Based on Observation, the Building was not maintained in a operating condition. Findings on May 17, 2016: a. Cross-Corridor Door near Bedroom 8 - the magnetic hold open for this door was about to fall-off the wall.  4. Based on observation and testing, the Building was not maintained in a safe and operating condition. This would affect all residents, staff and visitors if the egress pathways were not illuminated during power outages and there is no other illumination available. Findings on May 17, 2016: b. Staff Area near Exit 3 - the self-contained emergency light did not work on backup power when the test button was pushed. c. Ramp near Nurse Station - the self-contained emergency light did not work on backup power when the test button was pushed. d. Nurse Station - the self-contained emergency	{C 189}		

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{C 189}	<p>Continued From page 7</p> <p>light did not work on backup power when the test button was pushed.</p> <p>f. Dining - the self-contained emergency light did not work on backup power when the test button was pushed.</p> <p>g. Little House Front Exit - the self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed or normal power</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p> <p>Findings on May 17, 2016:</p> <p>a. Bedroom 28 - the corridor door had a cracked wood doorframe that will not resist the passage of smoke.</p> <p>7. Based on observation, the facility failed to maintain the one-hour fire-resistance-rated ceiling. This could affect all residents, staff and visitors by not containing smoke and fire in the room or smoke compartment of origin</p> <p>Findings on May 17, 2016:</p> <p>a. Bedroom 30 Closet - the suspended ceiling tiles were not properly placed in the supporting grid, and/or are missing/broken/chipped.</p> <p>b. Housekeeping near Toilet Room 12 - the suspended ceiling tiles were not properly placed in the supporting grid, and/or are missing/broken/chipped. Supporting grid was also missing.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure</p>	{C 189}		

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{C 189}	<p>Continued From page 8</p> <p>a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on May 17, 2016:</p> <p>a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2016, there has been no record keeping of the monthly inspections.</p> <p>9. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps around penetration through the fire-resistance-rated construction. These breaches invalidate the fire-resistance-rated construction's integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 17, 2016:</p> <p>e. Kitchen - there was a gap around a conduit penetration through the fire-resistance-rated ceiling assembly.</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on May 17, 2016:</p> <p>a. Bedroom 8 - the closet door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the area.</p> <p>b. Bedroom 28 - the closet door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the area.</p>	{C 189}		

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{C 189}	Continued From page 9  c. Bedroom 52 - the closet door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the area.	{C 189}		
{C 191}	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect all residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on May 17, 2016: a. Executive Director Office - a prohibited portable space electric heater was found in this room, unplugged.	{C 191}		
{C 199}	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	{C 199}		

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{C 199}	<p>Continued From page 10</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors.</li> </ol> <p>Findings on May 17, 2016:</p> <ul style="list-style-type: none"> <li>a. Bedroom A26 - this room was being used as a housekeeping closet and there was no exhaust ventilation system and odors were present.</li> <li>b. Bathroom Labeled Gentleman 10 - there was no exhaust ventilation system and odors are present.</li> </ul> <ol style="list-style-type: none"> <li>2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors.</li> </ol> <p>Findings on May 17, 2016:</p> <ul style="list-style-type: none"> <li>a. Toilet Room near Bedroom A27 - the local exhaust ventilation system did not work, allowing a build-up of odors.</li> <li>b. Staff Toilet - the local exhaust ventilation system was running, but did not remove the</li> </ul>	{C 199}		

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{C 199}	Continued From page 11  required air to dissipate the odors, c. Bedroom 50 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors. d. Bedroom 38 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors	{C 199}			